

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

**VIDEO DATE**

**APPLICANT(S)**

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	1	↓	
TOTAL DEP.			←	25	←	↓
TOTAL CLAIMS				26		←

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLASMS			CLASMS		CLASMS	